

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	5/2
O.I.P.E. CLASSIFIER	PH		5/6
FORMALITY REVIEW	MM	71628	6-29-22
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	05/04/05
1	05/04/05
2	05/04/05
3	05/04/05
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50	05/04/05

Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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